

GUIDELINES FOR DETERMINATION OF ECONOMIC NEED

I. LEGAL AUTHORITY:

Rehabilitation Act of 1973, as amended, and Code of Federal Regulations, Title 34, Part 361.47(2).

II. POLICY STATEMENT AND PURPOSE:

The Office of Rehabilitation Services will consider the financial need of individuals with a disability for the purpose of determining the extent of their participation in the cost of vocational rehabilitation services. This section reflects the Agency's policy and procedure for determination of the extent an individual with a disability and/or his/her family will contribute to the cost of vocational rehabilitation services, once similar benefits if available have been applied to the cost of such services.

These policies will be applied uniformly so that equitable treatment is accorded all handicapped individuals in similar circumstances.

This section does not apply to maintenance, academic and/or vocational training. See Section 115.28 (Training) of this Manual for academic and vocational training. See 115.45 for Maintenance.

III. PROCEDURES:

A. CRITERIA FOR APPLICATION OF NEEDS TEST

1. A financial needs test will be applied as a condition for furnishing all vocational rehabilitation services except the following:
 - a. Counseling and guidance;
 - b. Referral;
 - c. Placement;
 - d. Diagnostic services to evaluate rehabilitative potential including vocational evaluations in RIARC's and other rehabilitation facilities approved by the agency;
 - e. Work adjustment programs in rehabilitation facilities approved by the agency;
 - f. Supported employment services by approved providers;
 - g. Interpreter services; and

h. Rehabilitation engineering evaluation/assessment.

2. While an individual with a disability continues to receive a service for which a needs assessment must be applied, a redetermination of that person's ability to participate financially must be made at least annually or when it becomes known that circumstances have changed.

B. CONSIDERATIONS IN DETERMINING ECONOMIC NEED

1. Legitimate on-going medical expenses and the cost of other rehabilitation services being paid by the individual with a disability or family unit should be computed on a weekly basis and deducted from the weekly gross income in cases where gross income exceeds the Agency's allowable weekly amount. Rehabilitation services, for purposes of this section, are defined as any and all services deemed necessary by the agency and the individual with a disability to accomplish the vocational goal designated on the Individualized Written Rehabilitation Plan (IWRP) (not including the cost of health insurance).
2. Equity in real or personal property is not taken into consideration in determining financial eligibility.
3. Rental income less all essential related expenses must be taken into account and included in the weekly gross income. A minus figure should be reported as zero.
4. The total savings of a household which may include cash, bonds, or other liquid assets must not exceed the amount of \$10,000 as set by the Agency. This standard is used for VR services requiring a measurement of financial need except maintenance payments as described in #5 below.
5. In computing a person's eligibility for a direct bi-weekly maintenance payment, **no** cash, bonds, or other liquid assets may be retained. (See Policy section 115.45.)
6. When the individual with a disability is under the age of eighteen (18), the parents' income will be considered in determining the economic need. When the individual with a handicap is over the age of eighteen (18), the parents' income will not be considered.
7. Spouse's income will be considered in all cases of financial need.
8. Computations regarding Economic Need Determination will be completed on the Agency form ORS-60 (page 4 of this section). The allowable weekly income scale of the ORS-60 will be updated by the Agency bi-annually. (The

allowable income figure is based on the sum of the average wage (calculated annually by Department of Employment and Training) plus one (1) IRS Personal Exemption; this is then divided by 52 to get the average weekly wage for each person supported beyond one.)

9. If, upon completion of the ORS-60, it is determined there is an excess of income, the counselor will determine the percentage of that excess over the allowable gross weekly income and that percentage will be applied to the total cost of the services. This amount will represent the individual's contribution toward the purchase of the service. (See example below.)

EXAMPLE:

A family of four has an allowable income of \$383. They have gross income of \$430 or \$47 in excess of the standard. The \$47 amount converts to 12.3% above the allowable amount of income. If the cost of a particular service is \$200, the client is expected to contribute 12.3% or \$24.60 toward the \$200 purchase price.

OFFICE OF REHABILITATION SERVICES
DETERMINATION OF ECONOMIC NEED

Average Gross Weekly Income from job or jobs \$_____

Average Gross Weekly Income of Spouse \$_____

Average Gross Weekly Income of Parents of the
Individual, if under the age of 18, or claiming
Exemption on Federal IRS forms \$_____

AND/OR:

Unemployment Compensation Benefits (UCB) or
Temporary Disability Insurance (T.D.I). \$_____
Worker's Compensation \$_____
Pension or Annuity \$_____
Disability Insurance Benefits (S.S.D.I)
or Social Security Income (S.S.I) \$_____

Rental Income \$_____

Family Independence Program (F.I.P.) \$_____

Other Income \$_____

TOTAL SAVINGS

Cash, Savings or other liquid assets \$_____

OF PERSONS
SUPPORTED

ALLOWABLE GROSS
WEEKLY INCOME

NEED
COMPUTATION
(For Office Use Only)

1	550.00	
2	603.00	Allowable Income \$_____
3	656.00	
4	709.00	Actual Income . \$_____
5	762.00	
6	815.00	Less ongoing
7	868.00	medical or
8	921.00	rehabilitation
9	974.00	expenses . . . \$_____
10*	1027.00	Excess/Deficit. \$_____

*Add \$53.00 for each additional
person beyond 10

Percentage of
excess \$_____ %

I certify that the information on this form is true to the best of my
knowledge and belief. I know that I must inform the Agency at the time
that any of this information changes and I agree to do so. I also know
that false and misleading statements or failure to report changes may
result in prosecution for intent to defraud.

SIGNATURE _____ SOCIAL SECURITY # _____

WITNESSED BY _____ DATE _____
Agency Representative

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